PROB 12B (7/93)

United States District Court

Report Date: March 25, 2011

FILED IN THE
U.S. DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

MAR 28 2011

for the

Eastern District of Washington

JAMES R. LARSEN, CLERK

Request for Modifying the Conditions or Term of Supervision RICHLAND, WASHINGTON with Consent of the Offender

(Probation Form 49, Waiver of Hearing is Attached)

Name of Offender: Carol Gail Poe

Case Number: 2:09CR00079-001

Name of Sentencing Judicial Officer: The Honorable Edward F. Shea, U.S. District Judge

Date of Original Sentence: 3/25/2010

Type of Supervision: Probation

Original Offense: Mail Theft, 18 U.S.C. § 1708;

Embezzlement, 18 U.S.C. § 1033(b)(1)(A)

Date Supervision Commenced: 3/25/2010

Original Sentence: Probation - 36 Months

Date Supervision Expires: 3/24/2013

PETITIONING THE COURT

To modify the conditions of supervision as follows:

- You shall undergo a substance abuse evaluation and, if indicated by a licensed/certified treatment provider, enter into and successfully complete an approved substance abuse treatment program, which could include inpatient treatment and aftercare. You shall contribute to the cost of treatment according to your ability to pay. You shall allow full reciprocal disclosure between the supervising officer and treatment provider.
- You shall abstain from the use of illegal controlled substances, and shall submit to urinalysis testing, as directed by the supervising officer, but no more than six tests per month, in order to confirm continued abstinence from these substances.

CAUSE

On March 21, 2011, the offender admitted to taking one of her foster child's prescription pills, Vyvanse. She indicated that the medication is prescribed for her foster child's Attention Deficit Disorder (ADHD). Ms. Poe stated she ingested the pill on March 4, 2011. When this officer asked her why she took the pill she advised the following: "I took the pill as an appetite suppressant. Someone told me some adults take the medication as a diet pill." Ms. Poe subsequently signed the Eastern District of Washington U.S. Probation and Pretrial Services Admission of Dug Use form memorializing this non-compliant behavior.

Carol Poe signed the Waiver of Hearing to Modify Conditions of Probation/Supervised Release form. She understands the rationale behind this modification. In addition, the offender was also provided a copy of this document.

Prob 12B

Re: Poe, Carol Gail

March 25, 2011

Page 2

I declare under penalty of perjury that the foregoing is true and correct.

Executed on:

03/25/2011

s/Brenda J. Kuest

Brenda J. Kuest

U.S. Probation Officer

THE COURT ORDERS

No Action

The Extension of Supervision as Noted Above
The Modification of Conditions as Noted Above

Other

Signature of Judicial Officer

Date

ED/WA

EASTERN DISTRICT OF WASHINGTON (11-7-2002) U.S. PROBATION AND PRETRIAL SERVICES ADMISSION OF DRUG USE

	I, <u>Carol Gail Poe</u> , hereby admit that I have used the following drug(s) of the date(s) indicated below without proper medical authorization in the form of a value		
	prescription or physician's instructions:		
took my	Fester child's (Tenera Porti), prescriv vance that is for her Ast DRUG	1 tion + 1 . 3-4-11 DATE	
•	· · · · · · · · · · · · · · · · · · ·		
•	DRUG	DATE	
3 *	DRUG	DATE	
	This admission of drug use is made voluntarily and without threat or promise, and I understand that it can be used against me in U.S. District Court or U.S. Parole Commission		
· · · · · · · · · · · · · · · · · · ·	proceedings. An admission may also result in my being requested to participate in an		
	assessment and/or recommended treatment.		
		Parol D Par 3-21-11 Defendant/Offender Date	
	USPTSO/USPO Date		

United States District Court

Eastern District of Washington

Waiver of Hearing to Modify Conditions of Probation/Supervised Release or Extend Term of Supervision

I have been advised and understand that I am entitled by law to a hearing and assistance of counsel before any unfavorable change may be made in my Conditions of Probation and Supervised Release or my period of supervision being extended. By "assistance of counsel," I understand that I have the right to be represented at the hearing by counsel of my own choosing if I am able to retain counsel. I also understand that I have the right to request the court to appoint counsel to represent me at such a hearing at no cost to myself if I am not able to retain counsel of my own choosing.

I hereby voluntarily waive my statutory right to a hearing and to assistance of counsel. I also agree to following modification of my Conditions of Probation and Supervised Release or to the proposed extension of my term of supervision:

To modify the conditions of supervision as follows:

- You shall undergo a substance abuse evaluation and, if indicated by a licensed/certified treatment provider, enter into and successfully complete an approved substance abuse treatment program, which could include inpatient treatment and aftercare. You shall contribute to the cost of treatment according to your ability to pay. You shall allow full reciprocal disclosure between the supervising officer and treatment provider.
- You shall abstain from the use of illegal controlled substances, and shall submit to urinalysis testing, as directed by the supervising officer, but no more than six tests per month, in order to confirm continued abstinence from these substances.

Witness:

Brenda Kuest

U.S. Probation Officer

Signed:

Carol Poe

Probationer or Supervised Releasee

Dat